## NONPROVISIONAL PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

-OLIFF & BERRIDGE, PLC Attorney Docket No.: 119331 P.O. Box 19928 Alexandria, Virginia 22320 Date: April 16, 2004 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 **MAIL STOP PATENT APPLICATION** Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): ELECTROSTATIC CAPACITANCE DETECTING DEVICE Hiroyuki YOSHIDA and Mitsutoshi MIYASAKA By (Inventors): Formal drawings (Figs. 1-11; 9 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to **SEIKO EPSON CORPORATION**. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign applications No. 2003-112793 filed April 17, 2003 in Japan and No. 2004-050148 filed February 25, 2004 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign applications is filed herewith. This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.  $\boxtimes$ The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY** FOR: NO. FILED NO. EXTRA **RATE** FEE <u>OR</u> **RATE FEE** BASIC FEE \$ 385 OR 770 TOTAL CLAIMS 13 - 200\* 9 = \$ <u>OR</u> \$ 18 х **INDEP CLAIMS** 2 - 30\* 43 = x \$ OR 86 \$ MULTIPLE DEPENDENT CLAIMS PRESENTED + 145 = \$ OR + 290 \$ \* If the difference is less than zero, enter "0". TOTAL **TOTAL** <u>OR</u> \$ 770 Ø Check No. 153185 in the amount of \$770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached. Respectfully submitted,

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